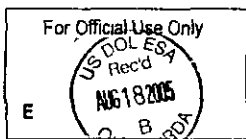


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>9764</b>	2 Fiscal Year Covered From  5 / 1 / 2004 Through 4 / 30 / 2005
3 Name and address of person filing  Name Michael D Nanno  P O Box, Bldg, Room No, if any  Street 4786 Makyes Rd  City Syracuse  State New York ZIP Code + 4 13215	4 Name, file number, and address of labor organization  Name BAC Local Union #2NY  Labor Organization File Number <b>537 333</b>  P O Box, Building and Room Number, if any  Street 302 Centre Drive  City Albany  State New York ZIP Code + 4 12203
5 Position in labor organization Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any)  Name BAC Local #2NY Health Fund  Trade Name, if any  P O Box, Bldg, Room No, if any  Street 300 Centre Drive  City Albany  State New York ZIP Code + 4 12203	7 a Nature of Interest, Transaction, or Income  Reimbursement check for Annual Educational Conference  7 b Amount  \$1,379

### Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Michael D Nanno</u>	On <u>8/11/2005</u> Date	<u>(315) 469-8473</u> Telephone Number

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Blitman &amp; King LLP</p> <p>Trade Name, if any Attorneys and Counselors at Law</p> <p>P O Box, Bldg, Room No, if any Franklin Center, Suite 300</p> <p>Street 443 North Franklin Street</p> <p>City Syracuse</p> <p>State New York ZIP Code + 4 13204</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name BAC Local #2NY Health Fund</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 300 Centre Drive</p> <p>City Albany</p> <p>State New York ZIP Code + 4 12203</p>	<p>11 a Nature of such dealing</p> <p>ERISA Educational Seminar</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>Round of golf and sleeve of golf balls</p> <p>12 b Amount \$78</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>